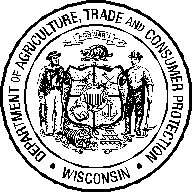
AH-BR-200 (rev 01/2022)

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| **OFFICE USE ONLY** | | |
| Signature of approval by  Designated Brucellosis Epidemiologist  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  |  |  |
| Date Received | Amount Received | Check Number |

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Wisconsin Department of Agriculture,

Trade and Consumer Protection

Division of Animal Health

Lockbox 93178

Milwaukee, WI 53293-0178

Phone: 608-224-4872 Fax: 608-224-4871

CERTIFIED BRUCELLOSIS-FREE HERD STATUS APPLICATION FOR FARM-RAISED DEER

*Issued under the provisions of section ATCP 10.51, Wis. Admin. Code and the Brucellosis Uniform Methods and Rules.*

This application is used to apply for Certified Brucellosis-Free herd status for farm-raised deer. For initial certification, all sexually intact cervids in the herd, 6 months of age or older, must have two consecutive negative tests 9 to 15 months apart. The anniversary date will be the initial test sample date or, if herd status is based on purchased animals, the anniversary date will be the same as the seller’s. For continuous certification, all test-eligible animals (sexually intact, 12 months of age or older) in the herd must have a negative test between 33 and 39 months of the previous anniversary date. For herds applying for certified status **based on the purchase of farm-raised deer** **from a certified herd**, applicants must apply for status not later than 90 days after the applicant first acquires the farm-raised deer from the prior certified herd.

**If the farm-raised deer are purchased from out of state, submit copies of the most recent brucellosis tests along with this application.**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Owner Information | | | | | | | | | | | |
| Name of Legal Entity or Person that owns herd | | | | Business Name (if different) | | | | | | | |
| First Name of Contact Person | | Last Name of Contact Person | | | | Phone number  (       )       – | | | | | |
| Mailing Address | | | City | | | | | | State | | Zip Code |
| Herd Information | | | | | | | | | | | |
| Address (if different than above) | | | City | | | | | | State | | Zip Code |
| County | | | Livestock Premises Code | | | | Farm Raised Deer Registration Number | | | | |
| Qualifying Method | | | | | | | | | | | |
| Two Complete Herd tests  for Initial Certification | Complete Herd Retest  for Recertification  Current Cert. Brucellosis-Free Cervid Herd #\_\_     \_\_\_\_\_\_\_\_ | | | | | | | | Purchased Animals from a  Certified Brucellosis-Free Herd | | |
| If herd is a purchased herd, provide seller’s name and address: | | | | | | | | | | | |
| Veterinary Information | | | | | | | | | | | |
| Herd Veterinarian’s Name | | | Herd Veterinary Clinic’s Name | | | | | | | | |
| Address of Veterinary Clinic | | | City | | | | | State | | Zip Code | |
| Veterinarian Phone Number  (      )       – | | | Veterinary Clinic Phone Number (if different)  (     )       – | | | | | | | | |
| Fee | | | | | | | | | | | |
| $150 Fee for three year certification  Please include with your application a check for $150 payable to: WDATCP – Division of Animal Health and mail to  Lockbox 93178, Milwaukee, WI 53293-0178. | | | | | | | | | | | |
| Applicant Certification and Signature  I certify that the above information is true, correct and complete, including all required attachments. I hereby agree to comply with all applicable requirements under the Brucellosis Uniform Methods and Rules. | | | | | | | | | | | |
| Signature of Applicant | | | | | Date of Application | | | | | | |

Every application for certification shall include a nonrefundable fee of $150 for three year certification.

A copy of the whole herd Brucellosis test results must accompany this application.

Personal information you provide may be used for purposes other than that for which it was originally collected – sec.15.04 (1)(m), Wis. Stats.

*An Equal Opportunity Employer*